	-			Application or Docket Number								
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000									10/	81	12	98
CLAIMS AS FILED - PART I								SMALL	ENTITY	•	OTHER	THAN
			(Column 1) (C			Column 2)		TYPE		OR	SMALL	
TC	TAL CLÀIMS							RATE	JEE		RATE	7FFE
FO	R		NUMBER	FILED	NUMBER EXTRA			BASIC FE	E 355.	OR	BASIC FEE	710.00
то	TAL CHARGEA	BLE CLAIMS	43 mir	nus 20=	· 23			X\$ 9=	207.	000R	X\$18=	
IND	EPENDENT CL	AIMS	'3 mi	nus 3 =				X40=		OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT [+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							l	TOTAL		2 OR	TOTAL	
CLAIMS AS AMENDED - PART II										45	OTHER	THAN
		(Column 1)	(Column 2			(Column 3)		SMALI	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADD TION FEE	AL	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA				CLAIM			+135=			+270=	·
								TOTA	1	OR	TOTAL	
									Ē		ADDIT. FEE	
	(Column 1) (Column CLAIMS HIGHE				(Column 3)	1 ,						
AMENDMENT B	wa.co.	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI TIONA FEE	AL	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	5 01 4114	=		X40=		OR	X80=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT			CLAIM		J	+135=		OR	+270=		
ТОТ									L		TOTAL	
									E	OR	ADDIT. FEE	
	(Column 1) (Column 2) (Column 3									_	·	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI TIONA FEE	\L	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	•	=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	-	=	!	X40=	1	OR	X80=	7
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+			
• 1	f the entry in colu	mn 1 is loss than t	e entry in colu	ımn 9. uzit	a "O" in on	lumn 3		+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		ber Previously Pa					er fou	ind in the a	ppropriate	box in co	lumn 1.	